

State of Hawaii – Insurance Division  
**NOTICE OF APPOINTMENT OF A PRODUCER BY PRODUCER**

<b>APPOINTER (Producer)</b> Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	License Number <sup>1</sup> :	Vendor ID Number <sup>1</sup> :
<b>APPOINTEE (Producer)</b> Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	License Number <sup>1</sup> :	Vendor ID Number <sup>1</sup> :

TO THE INSURANCE COMMISSIONER OF THE STATE OF HAWAII:

That pursuant to the laws of the State of Hawaii, the above-named Appointer does hereby appoint, pursuant to Hawaii Revised Statutes §431:9A-114, the above-named Appointee.

Select class(es) of insurance:		
<input type="checkbox"/> Life (includes Variable Annuities if both appointer and appointee are licensed for Variable Annuities)	<input type="checkbox"/> Casualty  <input type="checkbox"/> Marine <input type="checkbox"/> Property	<input type="checkbox"/> Title  Other (please specify): <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> Accident and Health or Sickness	<input type="checkbox"/> Surety <input type="checkbox"/> Vehicle	

This appointment will be in force until either party terminates the appointment in compliance with Hawaii Revised Statutes §431:9A-115.

_____ Signature of Appointer or agency's designated representative <sup>1</sup>	_____ Print name of signer	_____ Date signed
_____ Signature of Appointee or agency's designated representative <sup>1</sup>	_____ Print name of signer	_____ Date signed

<sup>1</sup>You can look up this information on our website, <http://www.ehawaii.gov/serv/hils>.

**Submit two (2) of these forms with original signatures. Incomplete forms will be rejected.**

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614  
(Express mail only: 250 South King Street – Fifth Floor, Honolulu HI 96813-4586)

**FOR STATE USE ONLY**